



# THRIFT SAVINGS PLAN

## AGE-BASED IN-SERVICE WITHDRAWAL REQUEST

# TSP-U-75

Participants who are age **59½ or older and are still active members** of the uniformed services can use this form to request a withdrawal of \$1,000 or more from their uniformed services TSP accounts. You can make **only one** age-based in-service withdrawal. Also, if you make an age-based in-service withdrawal, you will not be able to make a partial withdrawal from that account after you separate from the uniformed services. **Read the information and instructions for completing this form.** They will help you understand the rules for making an age-based withdrawal.

### I. INFORMATION ABOUT YOU

1. Name \_\_\_\_\_  
Last First Middle
2. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Phone (Area Code and Number)
4. Address \_\_\_\_\_  
Street address or box number
5. City \_\_\_\_\_
6. \_\_\_\_\_  
State/Country
7. \_\_\_\_\_  
Zip Code
8. Are you married, even if separated from your spouse? ☐ Yes (Go on to Item 9.) ☐ No (Skip to Section III.)
9. Spouse's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
10. Spouse's Name \_\_\_\_\_  
Last First Middle

### II. FOR MARRIED UNIFORMED SERVICES PARTICIPANTS ONLY

Your spouse must consent to an in-service withdrawal from your TSP account by completing Items 11 and 12. Your spouse's signature must be notarized.

11. **Spouse:** By signing below, I give my consent to this in-service withdrawal from my spouse's uniformed services Thrift Savings Plan account. I understand that any amounts disbursed from the account will not be available for the purchase of a joint and survivor annuity when any remaining balance is disbursed after my spouse separates from service.

\_\_\_\_\_  
Spouse's Signature

12. \_\_\_\_\_  
Date Signed

13. **Notary:** On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the person who signed Item 11, who is known to or was identified by me, personally appeared and acknowledged to me that he or she signed this form. In witness thereof, I have signed below on this date.

[seal]

My commission expires: \_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Jurisdiction

14. **Participant:** ☐ Check here if you cannot obtain your spouse's signature.

### III. WITHDRAWAL REQUEST

Enter in Item 15 a whole dollar amount of \$1,000 or more, **or** check the box to withdraw your entire vested balance. Complete Item 16 if you want to transfer all or any portion of your withdrawal to a traditional IRA or eligible employer plan. Use a **whole** number to indicate the percentage you want transferred. If you do not want to transfer any portion of your withdrawal, skip to Section VI, and sign and date Section VII.

15. I wish to withdraw \$\_\_\_\_\_.00 **OR** ☐ Entire vested account balance

16. Transfer \_\_\_\_\_.0% of the amount in Item 15 to a traditional IRA or eligible employer plan. (Go on to Section IV.)

## GENERAL INFORMATION AND INSTRUCTIONS

Use this form to request a one-time only age-based in-service withdrawal of all or a portion of your vested account balance. You must be a TSP participant age 59½ or older and an active member of the uniformed services to request an age-based withdrawal.

Before completing this form, read the booklet *TSP In-Service Withdrawals* and the tax notice "Important Tax Information About Payments From Your TSP Account." If you do not have these materials, download them from the TSP Web site ([www.tsp.gov](http://www.tsp.gov)), or obtain copies from your service or the TSP Service Office.

**Note:** You should **not** complete this form if you have previously made an age-based in-service withdrawal. Only one age-based in-service withdrawal is allowed from your uniformed services account.

### There are two ways to request an age-based in-service withdrawal:

1. Complete this form and mail it to the TSP Service Office.

**Note:** If the TSP receives information from your service indicating that you separated from service before your in-service withdrawal request is completed, your request for an in-service withdrawal will be cancelled; you will then be eligible for a post-employment withdrawal.

or

2. Use the TSP Web site to begin (and, in some cases, complete) your in-service withdrawal request. If your request cannot be completed on the Web because additional signatures, information, or documentation is needed, you may print out a partially completed form at the end of your online session. Review the form, complete any missing information, and provide any required signatures and documentation. **Do not change or cross out** any of the preprinted information resulting from your entries on the Web; the form may not be accepted for processing if you do.

After completing your age-based in-service withdrawal request form, make a copy for your records. Mail the original to:

**TSP Service Office  
P.O. Box 385021  
Birmingham, AL 35238**

Or fax the completed form to our toll-free fax number:

**1-866-817-5023**

If you have questions, call the (toll-free) ThriftLine at 1-TSP-YOU-FRST (1-877-968-3778) or the TDD at 1-TSP-THRIFT5 (1-877-847-4385). Outside the U.S. and Canada, please call 404-233-4400 (not toll free).

**SECTION I.** Complete Items 1 – 8. **The address you provide on this form will not be used to update the address in your TSP account record.** If the address in your TSP account record is not correct, contact your service TSP representative immediately — only your service can change your TSP address while you are still an active member of the uniformed services. If you are not certain what address is shown for your TSP account

record, you can check your address on the TSP Web site. You will need your Social Security number and your 4-digit TSP Personal Identification Number (PIN) to access your account information.

If you are married, provide your spouse's Social Security number and name in Items 9 and 10.

**SECTION II.** If you are **married, even if separated from your spouse**, complete this section. By law, spouses' rights apply to all age-based in-service withdrawals from a TSP account. Therefore, your spouse must consent to an age-based in-service withdrawal from your TSP account by signing and dating Items 11 and 12. Your spouse's signature must be notarized (Item 13).

After you separate from the uniformed services and are ready to withdraw the remainder of your account, your spouse has the right to a joint and survivor annuity with a 50% survivor benefit, level payments, and no cash refund, unless your spouse waives his or her right to that annuity. In consenting to the in-service withdrawal, your spouse acknowledges that any amount disbursed now will not be available later for the purchase of such an annuity.

If you cannot obtain your spouse's signature because his or her whereabouts are unknown or you believe exceptional circumstances apply, check the box in Item 14 and submit Form TSP-U-16, Exception to Spousal Requirements, and the required documentation with this form.

**SECTION III.** You may withdraw a specified amount of \$1,000 or more, or your entire account balance. Use a whole dollar amount only. If you request a specific dollar amount and it is more than your account balance, you will receive your entire account as long as it is at least \$1,000. If your vested account balance is less than \$1,000 you should request your entire vested account.

**Transfer Option.** You may elect to transfer all or a portion of your age-based in-service withdrawal payment to a traditional IRA or eligible employer plan. Payments that are not transferred directly to an IRA or eligible employer plan are subject to **mandatory 20% Federal income tax withholding**. Read the tax notice "Important Tax Information About Payments From Your TSP Account" for detailed tax rules affecting payments from your TSP account.

**Note:** If your uniformed services account includes tax-exempt balances, the withdrawal from your account will be based on the proportion of taxable and tax-exempt balances in your account. However, the taxable portion of your withdrawal will be transferred to your IRA or plan first. Tax-exempt money will be transferred **only if** the taxable portion of your withdrawal does not satisfy the percentage of your withdrawal that you elected to transfer to your IRA or plan **and** the IRA or plan certifies that it will accept tax-exempt money. Amounts that are not transferred will be paid directly to you (or to your checking or savings account, if you choose that option).

Name:

Social Security Number:

**IV.  
INFORMATION  
FOR YOUR  
TRANSFER**

**If you want to transfer** all or a portion of your age-based withdrawal directly to a traditional IRA or eligible employer plan, complete this section, then take or send this page to your IRA or plan. Your IRA trustee or plan administrator must complete Section V and return this page to you.

17. Name \_\_\_\_\_  
Last First Middle

18. Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 19. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Phone (Area Code and Number)

20. Address \_\_\_\_\_  
Street address or box number

21. City \_\_\_\_\_ 22. \_\_\_\_\_ 23. \_\_\_\_\_  
State/Country Zip Code

**V.  
INFORMATION  
FROM THE IRA  
OR ELIGIBLE  
EMPLOYER  
PLAN**

*To be completed  
by IRA trustee  
or plan  
administrator*

Complete this section and return this form to the participant identified in Section IV. The IRA trustee or plan administrator must ensure that the account described here is a "traditional IRA" or "eligible employer plan" as defined by the Internal Revenue Service.

**Do not submit transfer forms of financial institutions or plans.**

24. Type of Account ☐ Traditional IRA ☐ Eligible Employer Plan 25. \_\_\_\_\_  
Account Number

26. Plan Name \_\_\_\_\_  
Only if eligible employer plan

27. Tax-exempt balances, if any, will be accepted into the account identified above. ☐ Yes ☐ No

28. Make check payable to \_\_\_\_\_  
IRA Trustee or Plan Administrator (Limit response to 30 characters.)

29. Mail to \_\_\_\_\_  
Name of institution or person, if different from Item 28

30. \_\_\_\_\_  
Address City State Zip Code

I confirm the accuracy of the information in this section and the identity of the individual named in Section IV. As a representative of the financial institution or plan to which the funds are being transferred, I certify that the financial institution or plan agrees to accept the funds directly from the Thrift Savings Plan and deposit them in the traditional IRA or eligible employer plan identified above.

31. \_\_\_\_\_ 32. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Typed or Printed Name of Certifying Representative Phone (Area Code and Number)

33. \_\_\_\_\_ 34. \_\_\_\_\_  
Signature of Certifying Representative Date Signed

**VI.  
REQUEST  
FOR DIRECT  
DEPOSIT**

Complete this section if you want the portion of your in-service withdrawal that is **not being transferred** to be paid by direct deposit to a checking or savings account at a financial institution.

35. \_\_\_\_\_ 36. \_\_\_\_\_  
Name of Financial Institution Routing Number (Must be 9 digits.)

37. Type of Account ☐ Checking ☐ Savings 38. \_\_\_\_\_  
Account Number

**VII.  
CERTIFICATION**

I certify that the information I have provided in this form is true and complete to the best of my knowledge. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of law that is punishable by a fine of as much as \$10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. 1001).

39. \_\_\_\_\_ 40. \_\_\_\_\_  
Participant's Signature Date Signed

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## GENERAL INFORMATION AND INSTRUCTIONS

**SECTION IV.** If you elected to transfer all or any portion of your age-based in-service withdrawal by completing Item 16, you must also complete this section. Your IRA or plan can use this information to identify you when completing Section V.

**SECTION V.** If you elected to transfer your in-service withdrawal to a traditional IRA or an eligible employer plan, **your IRA trustee or plan administrator must complete this section before you submit this form to the TSP.** (A traditional IRA and an eligible employer plan are described in the TSP tax notice "Important Tax Information About Payments From Your TSP Account.")

**Do not submit transfer forms of financial institutions or plans; the TSP cannot accept them.**

The institution or plan to which the payment is to be transferred must be a trust established inside the United States (i.e., the 50 States and the District of Columbia).

The financial institution or plan should retain a copy of page 2 to identify the account to which the check should be deposited when it is received. **Note:** The TSP will report all payments and transfers to the IRS on Form 1099-R. If the transfer is to a traditional IRA, the institution accepting the transfer should submit Form 5498, IRA Contribution Information, to the IRS.

**Type of Account and Account Number.** Indicate whether the transfer is to an IRA or an eligible employer plan in Item 24, and in Item 25 enter the account number, if available, of the IRA or plan to which the money is to be transferred. If the transfer is to an eligible employer plan, you must provide the plan name in Item 26.

**Transfer of Tax-Exempt Balances.** Members of the uniformed services, in certain circumstances, are entitled to contribute tax-exempt money to their uniformed services TSP accounts; therefore, their accounts may contain tax-exempt balances. Tax-exempt balances are never subject to taxation (unlike either tax-deferred balances, which are subject to taxation at a later date, or after-tax balances, on which taxes have already been paid). If the participant's account includes a tax-exempt balance, the taxable portion of the withdrawal will be transferred first. Tax-exempt money will be transferred **only if** the taxable portion of

the withdrawal does not satisfy the participant's transfer election **and** the IRA or plan accepts tax-exempt balances. If the IRA or plan does not accept tax-exempt balances, that portion of the account will be paid directly to the participant. The representative of the IRA or plan must check the appropriate box in Item 27 to indicate whether it will accept tax-exempt balances.

**Make check payable to.** Provide the exact name of the IRA trustee or plan administrator (Item 28) as it should appear on the check. The check will be made payable to the party you provide on this line.

**Mail to.** If the check is to be mailed to someone other than the payee of the check, provide the name and address (Items 29 and 30) of the institution and/or person to whom the check should be sent.

The certifying representative must provide the requested information in Items 31 – 34. If the financial institution or plan needs to be contacted for more information, the individual named here will be used as the contact person.

**SECTION VI.** Complete this section only if you want the TSP to send any portion of your in-service withdrawal directly to your checking or savings account by means of a direct deposit (electronic funds transfer (EFT)). Provide all of the requested information in this section. If you do not know the 9-digit Routing Number, contact your financial institution for this information.

**Note:** Only the portion of your withdrawal that is **not being transferred** to a traditional IRA or eligible employer plan can be paid by EFT. EFTs will be made only to a financial institution in the United States (i.e., the 50 States and the District of Columbia). EFT is a safer method of payment than mailing a check to you.

**SECTION VII.** Read the certification; then sign and date it. By signing the certification, you are certifying that the information you have provided is true and complete to the best of your knowledge.

**PRIVACY ACT NOTICE.** We are authorized to request this information under 5 U.S.C. chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your uniformed services account. We will use the information you provide on this form to process your request for an age-based in-service withdrawal. This information may be shared with other Federal agencies and the uniformed services for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies

investigating a violation of civil, criminal, or military law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your withdrawal request.